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PART-IIA

GOVERNMENT OF MEGHALAYA NOTIFICATIONS

The 11th April, 2023.

No.Health.210/2004/Pt/240. - Whereas the Governor of Meghalaya is satisfied that the State of Meghalaya is moving towards Malaria Elimination under the National Framework for Malaria Elimination Programme (NFMEP) 2016-2030, and whereas to make this goal achievable and that all the malaria cases be captured and reported in the Government system of reporting.

Now, therefore in exercise of the powers conferred under section (1) of section (2) of the Epidemic Diseases, Act, 1897, the Governor of Meghalaya is pleased to make the following Regulations namely:-

1. **Short title, extent and commencement:-** (1) These Regulations shall be called the Meghalaya Epidemic Diseases Malaria Regulation, 2023.
(2) It shall extend to the whole State.
(3) It shall come into force from the date of publication of this Notification.
2. **Definitions:-** In these Regulations unless the context otherwise requires:
 - (a) "Epidemic Diseases" means Malaria;
 - (b) "Passive Surveillance Centre" means any place which may be declared by the Deputy Commissioner concerned in exercise of the powers conferred upon him to be a Passive Surveillance Centre, where a patient reports as a case of fever;
 - (c) "Inspecting Officer" means a person appointed by the Director Health Services, Meghalaya or the District Medical & Health Officer of the district concerned to be an inspecting officer;
 - (d) "Regulation" means the Meghalaya Epidemic Malaria Regulation, 2022 and
 - (e) "State" means the State of Meghalaya.
3. **Powers and Functions of Inspecting Officer:-** (1) An Inspecting Officer, who is unavoidably prevented from discharging all or any of the functions may, by order in writing, appoint the Senior Medical & Health Officer, Epidemiologist, Entomologist, Medical & Health Officer, Assistant Malaria Officer, Assistant Unit Officer, Health Supervisor, Multi Purpose Health Supervisor (Male), Multi Purpose Health Worker (Male), Entomologist Assistant, Field Assistant, Insect Collector or Insect Setter to discharge such functions. Every Officer so appointed shall, in so far as such functions are concerned, be deemed for the purpose of these regulations to be Inspecting Officer.

- (2) An Inspecting Officer may enter any premises for the purpose of fever surveillance, treatment; anti-larval measures, fogging or spray. He may also authorize other persons of his team to enter such premises along with him as he considers necessary.
 - (3) An Inspecting Officer may put any question as he thinks fit in order to ascertain whether there is any reason to believe or suspect that such person is or may be suffering from Malaria and such person shall give answer to him.
 - (4) Due to the result of such inspection or examination or otherwise, if the Inspecting Officer considers that there is reason to believe or suspect that such person is or may be infected with Malaria, he may direct such person to give his blood slide or blood sample for examination and to take such treatment as the Inspecting Officer may deem fit. In case of minor, such order shall be directed to the guardians or any other adult member of the family of the minor.
 - (5) The Inspecting Officer may order any premises to be sprayed with the insecticide or enter domestic water collection to be treated with Larvicides.
4. **Preparation of blood slides for each fever case reported:-** (1) The doctors in Government Health Institutions and the registered medical private practitioners of private hospitals or clinics are required to get the blood slides prepared for each fever case reported besides the presently adopted procedures of Rapid Diagnostic Test (RDT) antigen based only.
- (2) A patient can be declared positive for malaria only on the basis of Microscopy result or RDT performed in areas where microscopy centre is not available. The information of positive case of Malaria should be sent to the nearest Government Health Institution after diagnosis.
 - (3) The Blood slides of the positive cases shall also be submitted to the representative of the Department of Health & Family Welfare within seven days.
 - (4) The officials as mentioned in sub-regulation (1) above should ensure the complete Radical Treatment of Malaria positive cases with Choloroquine/ACT along with Primaquine as per the Drug Policy of Malaria issued by the Government of India and Government of Meghalaya from time to time.
5. **Declaring as case of clinical or suspected Malaria until and unless confirmed by Microscopic examinations:-** The patient while presenting symptoms of malaria is negative for malaria by RDT and Microscopy or Microscopy is not done due to any reason, will be considered a case of Clinical or Suspected Malaria. Such case can be given full course of treatment with Choloroquine (25 mg/kg BW divided over 3 days) except Primaquine and once diagnosed will be treated appropriately.
6. The doctors in Government Health Institutions and the registered medical private practitioners of the private hospitals or clinics are required to suspect a fever case as a case of Malaria during the transmission period.
- a. All the Government Health Institutions shall test Malaria by microscopic examination of the blood slide prepared from the capillary sample.
 - b. Private Hospitals and laboratories should preferably do microscopic examination of blood slide for Malaria testing. Whenever, RDT has to be used in a private hospital or laboratory it has to be Antigen based RDT and the same should be approved as per NIMR (National Institute of Malaria Research).
 - i. The private hospital or laboratory using Antigen based RDT for Malaria testing shall be responsible for sensitivity and specificity of the RDT.

- c. Antibody based RDT is not-recognized for Malaria confirmation.
 - d. Traditional healers should refer all fever cases to the ASHAs/Health Institution for testing of malaria.
7. The information of the positive case of the Malaria has to be sent to the nearest Government Health Institution immediately after diagnosis. The blood slides of the positive cases should also be submitted to the representative of the Department of Health within seven (7) days.
8. The doctors in Government Health Institutions and the registered medical private practitioners of the private hospitals or clinics should ensure complete Radical Treatment of the Malaria positive cases with ACT-AL along with Primaquine as per the Drug Policy of Malaria issued by Government of India.
- a. As per GOI guidelines, single dose artemisinin should not be used for treatment of Malaria. Artemisinin has to be used in combination for treatment of falciparum Malaria.
9. **Responsibilities:**
- (i) **Responsibility of the State Medical Department:-** The role and responsibility of the designated Officers and Staff of the State Medical Department will be as indicated in serial No. 3.
 - (ii) **Responsibility of the Director of Health Services** - Deputy Director of Health Services (Malaria)-*Cum*-State Programme Officer, NVBDCP, Meghalaya of the Directorate of Health services is the overall in-charge designated to look after the Malaria Programme under the **National Framework For Malaria Elimination Programme (NFMEP), Government of India (2016-2030) having the goal to eliminate malaria from the Country by 2027**, whose responsibility is compilation/analysis of the disease (Malaria) prevalent and to suggest upon the strategies to control/intervention measures. He/She will be in touch with the Directorate, NVBDCP, Delhi and the Directorate of Health Services (MI), Shillong upon the Malaria situation in the State.
 - (iii) **Responsibility of the District Medical & Health Officer** - At the District Level the District Medical & Health Officer is the overall in-charge of the Malaria Programme and is assisted by the office of the District Malaria Officer who then report to the State Programme Officer.
 - (iv) **Responsibility of registered Doctors** - Every registered Doctor is to report the disease (Malaria) prevalent to the designated authority *i.e.*, District Malaria Office every month, for this a reporting format is already in place at the facilities (M1, M2, M3 & M4).
 - (v) **Responsibility of Hospitals** - Every hospital (Public & Private) where Malaria is diagnosed and treatment given is to report to the designated District Malaria Officer every month in the reporting format provided under the programme (M4 Format).
 - (vi) **Responsibility of registered Laboratories and Clinics** - It is mandatory for all the registered Laboratories and Clinics to report to the District Malaria Office in the Lab format provided under the Programme.

The regulation shall come into force from the date of publication of this notification and shall remain valid until further orders.

Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

The 3rd March, 2023.

No.Health.19/2014/101. - Rabies is endemic throughout the country and is responsible for extensive morbidity and mortality. About 96% of the mortality and morbidity is associated with dog bites. Cats, Wolf, Jackal, Mongoose and Monkeys are other important reservoirs of rabies in India.

The National Action Plan for Dog Mediated Rabies Elimination from India by 2030 provides a strategic framework for stakeholders for the reduction of Rabies in the country so as to achieve the World Health Organization Target of zero deaths due to Rabies by the year 2030. This requires a strong surveillance system so that the exact magnitude of disease can be obtained which will help to develop strategies and provide public health professionals with critical information to make informed decisions about saving human lives

Therefore, all Government and private health care facilities (including medical colleges) and all Medical Officers/Doctors/health workers whether in Government, Private/NGO sector and/or individual practitioner in the State shall have to take adequate steps for timely diagnosis of Human Rabies (Suspect, Probable or Confirmed) cases and shall notify every Human Rabies Case and/or death to the Director of Health Services (Research) through the concerned District Medical and Health Officer in the Reporting Formats devised by the National Rabies Control Programme (NRCP).

Failure to report notifiable disease is a criminal offence and action will be initiated against defaulters.

R. M. KURBAH,

Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

The 7th March, 2023.

No.Health.111/2018/239. - In exercise of the power conferred by the proviso to Article 309 of the Constitution, the Governor of Meghalaya is pleased to make the following Rules, to further amend the Meghalaya Medical Attendance Rules, 1981, as follows:

1. **Short title, commencement:-** (i) These rules may be called the Meghalaya Medical Attendance (Amendment) Rules, 2021.
(ii) They shall come into force at once.
2. Addition of new clauses to Sub-Rule (3) of Rule 10 of the Principal Rules (Meghalaya Medical Attendance Rules), after clause (azxxxxvi), the new clauses shall be added namely,
(azxxxxvii) Pushpawati Singhanian Hospital & Research Institute, New Delhi. (azxxxxviii) Apollo Children's Hospital, Chennai. (azxxxxix) Max Hospital Shalimar Bagh, New Delhi.

R. M. KURBAH,

Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

The 21st March, 2023.

No.Health.145/2022/19. - The Governor of Meghalaya is pleased to transfer the Pradhan Mantri Matru Vandana Yojana (PMMVY) Scheme included under the Sub Scheme component Samarthya with other women empowerment scheme along with the staff and team to Social Welfare Department for better coordination with other women welfare schemes with effect from 1st April, 2023.

SAMPATH KUMAR,

Principal Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

The 22nd March, 2023.

No.Health.172/2018/29. - The Governor of Meghalaya is pleased to notify upgradation of the Khliehriat Community Health Centre, East Jaintia Hills District into 100 Bedded Civil Hospital. Henceforth, it will be known as Khliehriat Civil Hospital for all intents and purposes.

JORAM BEDA,

Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

The 26th June, 2023.

No.ENV.1/2012/Pt.I/115. - In pursuance of Ministry of Environment, Forest and Climate Change Order *vide* No. MoEF & CC (NAEB): 1-2/2017 -B-I, dated 30th January, 2018 on the merger of National Afforestation Programme (NAP) under NAEB and Desertification Cell (DC) with National Mission for a Green India (GIM), the Governor of Meghalaya is please to notify the Meghalaya State Forest Development Agency (MSFDA) created *vide* Notification No.FOR.93/2010/150, dated 13th September, 2011 for the purpose of implementation of Green India Mission.

SYED MD. A. RAZI,

Commissioner & Secretary to the Govt. of Meghalaya,
Forest & Environment Department.

The 20th June, 2023.**ADDENDUM**

No.RDA.17/2022/43. - "Please add the Schedule of boundaries for construction of IBBF in West Jaintia Hills District" which was notified in the Preliminary Notification No.RDA.17/2022/16, dated 13th March, 2023 Under Section 11(1) and published in the Meghalaya Gazette dated 18th March, 2023.

Schedule of boundaries is hereby notified as follows:-

Sl. No.	Name of Landowners	BP No.		
Schedule of Boundaries for construction of IBBF Muktapur Village West Jaintia Hills District (BP No.1283/7s to 1285/7s)				
1.	Shri Daman Lakashiang Doloi Satpator	1283/7s	to	1285/7s
Schedule of Boundaries for construction of IBBF Lakroh Village West Jaintia Hills District (BP No.1285/7s to 1286 MP)				
2.	Shri Daman Lakashiang Doloi Satpator	1285/7s	to	1286 MP
Schedule of Boundaries for construction of IBBF Hawaitila Village West Jaintia Hills District (BP No. 1286 MP to 1287 MP)				
3.	Shri Daman Lakashiang Doloi Satpator	1286 MP	to	1287 MP
Schedule of Boundaries for construction of IBBF SP Tila Village West Jaintia Hills District (BP No. 1287 MP to 1293 MP)				
4.	Shri Daman Lakashiang Doloi Satpator	1287 MP	to	1293 MP
Schedule of Boundaries for construction of IBBF Sankhat Village West Jaintia Hills District (BP No. 1293 MP to 1297/6s)				
5.	Shri Daman Lakashiang Doloi Satpator	1293 MP	to	1297/6s
Schedule of Boundaries for construction of IBBF Jaliakhola Village West Jaintia Hills District (BP No.1297/6s MP to 1301 MP)				
6.	Shri Daman Lakashiang Doloi Satpator	1297/6s	to	1301 MP
Schedule of Boundaries for construction of IBBF Pasadwar Village West Jaintia Hills District (BP No. 1301 MP to 1301/4s)				
7.	Shri Daman Lakashiang Doloi Satpator	1301 MP	to	1301/4s

Joint Secretary to the Govt. of Meghalaya,
Revenue & Disaster Management Department.

The 26th June, 2023.

No.PER(ARC)5/2023/9. - In continuation to this Department's Notification No.PER(ARC)6/2023/14, dated 29th May, 2023 the entry at Sl. No. 113 and 114 shall be added to the List of Services notified under Section 3(2) of The Meghalaya Right to Public Services Act, 2020, with effect from the date of issue of the notification.

Sl. No.	Name of Service	Number of working days for service delivery after receipt of applications	Department/ Organisations	Designated Official	Appellate Authority
113.	Registration of Farmers and Issuance of Farmer ID Card.	30 days	Agriculture and Farmers' Welfare Department.	District Agriculture Officer	Director of Agriculture
114.	Soil Health Card.	25 days	Agriculture and Farmers' Welfare Department.	Research Officers, District Local Research Station and Laboratories.	Director of Agriculture (R&T)

C. V. D. DIENGDOH,
Secretary to the Government of Meghalaya,
Personnel & Administrative Reforms Department
(Administrative Reforms Cell).

The 26th June, 2023.

CORRIGENDUM

No.PER(ARC)17/2023/12. – The service for Sl. No. 28 appearing in the Notification No.PER(ARC)3/ 2012/ Pt.I/ 388, dated 29th January, 2021 may please be read as under:-

Sl. No.	Name of Service	Number of working days for service delivery after receipt of application	Department/ Organization	Designated Official	Appellate Authority
28	Registration Under Cinema Regulations/ rules.	90 days	General Administration Department (B).	Deputy Commissioner of the District concerned.	Principal Secretary/ Commissioner & Secretary/Secretary to the Govt. of Meghalaya, General Administration Department (B).

C. V. D. DIENGDOH,

Secretary to the Government of Meghalaya,
Personnel & Administrative Reforms Department
(Administrative Reforms Cell).

The 19th June, 2023.

No.DC.VII/GenI/156/94-2023/29. - Under the provision of Section 3 and 4 of the United Khasi-Jaintia Hills (Christian Marriage) Act. 1954 (Act No. 11 of 1954) *read* with Section 9 of the Indian Christian Marriage Act, 1872, the Executive Committee, Khasi Hills Autonomous District Council is pleased to grant License to Pastor Wandonbok Kharkongor belonging to the Christ National Church authorizing him to grant certificate(s) of Marriage or Marriages between person(s) both of whom is or are Christian living within the jurisdiction of the Khasi Hills Autonomous District Council, subject however, to revocation at any time as may be notified.

D. G. SYIEMIONG,

Secretary to the Executive Committee,
Khasi Hills Autonomous District Council,
Shillong.